

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 471303

FILED  
Mar 13, 2012  
Secretary of State

Entity Name: GF APARTMENTS, INC.

**Current Principal Place of Business:**

1026 EUCLID AVE  
MIAMI BEACH, FL 33139 US

**New Principal Place of Business:**

**Current Mailing Address:**

JULIO GURMAN  
7300 WAYNE AVENUE., #209  
MIAMI BEACH, FL 33141 US

**New Mailing Address:**

FEI Number: 59-1662328      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GURMAN, JULIO  
7300 WAYNE AVE. #209  
MIAMI BEACH, FL 33141 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: O  
Name: GURMAN, PAMELA  
Address: 3239 JASON DR  
City-St-Zip: BELLMORE, NY 11710

Title: D  
Name: O'GRADY, MICHAL  
Address: 34112 NORTH 23RD DRIVE  
City-St-Zip: PHOENIX, AZ 85085

Title: P  
Name: GURMAN, WILLIAM  
Address: 3355 FREDERICK ST  
City-St-Zip: OCEANSIDE, NY 11572

Title: V  
Name: GURMAN, GABRIEL  
Address: 10 LIBERTY RD.  
City-St-Zip: MARLBORO, NJ 07746

Title: S  
Name: LEVY, SILVIA  
Address: 465 LINKS DR E  
City-St-Zip: OCEANSIDE, NY 11572

Title: T  
Name: DESSAUCE, THERESE  
Address: 3239 JASON DR.  
City-St-Zip: BELLMORE, NY 11710

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM GURMAN

PRES

03/13/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date